

Smiles For Children Adult Pregnant Women Frequently Asked Questions

As a part of Governor McAuliffe's *A Healthy Virginia Program*, Virginia's nationally recognized ***Smiles For Children*** dental program will "provide dental services to pregnant women age 21 and over enrolled in Medicaid and FAMIS MOMS". As of March 1, 2015, pregnant women enrolled in Medicaid and FAMIS MOMS who are 21 years of age and older are eligible to receive appropriate benefits covered through the ***Smiles For Children*** program.

To assist in the program implementation, here are a few of the most frequently asked questions regarding the new program services:

Q: When do the benefits start for adult pregnant women?

A: The benefits for pregnant women who are ages 21 and older begin on March 1, 2015. Members who are under age 21 currently get the full dental coverage available for children. All adults will continue to receive approved dental benefits such as medically necessary oral surgery and associated diagnostic services (X-rays and surgical extractions). All benefits, including dental benefits, for pregnant women who are 21 years and older will be discontinued at the end of the month following the 60th day postpartum.

Q: Who are the eligible members to receive the adult pregnant women benefits?

A: The eligible population of members includes pregnant women who are 21 years of age and older and enrolled in Medicaid or FAMIS MOMS

Q: What are the benefits?

A: Appropriate Dental Services for adult pregnant women include:

- Diagnostic
- Preventive
- Restorative
- Endodontics
- Periodontics
- Prosthodontics
- Oral surgery
- Adjunctive general services (This includes all covered services that do not fall into specific dental categories. An updated Office Reference Manual (ORM)* provides a listing of covered services)

Q: Will Orthodontic services be covered?

A: Orthodontic services are not included in the benefits for adults, including pregnant women ages 21 and older.

Q: Where do I obtain the updated ORM*?

A: Covered dental service will be listed in Exhibit C of the Office Reference Manual (ORM). Refer to the Office Reference Manual (ORM) for specific benefit coverage and frequency. You are responsible for knowing what services are covered. The ORM will be available on DentaQuest's provider web portal at www.dentaquestgov.com on March 1, 2015. If you need to make updates to your office information, please contact DentaQuest at 888-912-3456.

Q: What are the claim submission requirements?

A: Prepayment review will be conducted on all claims for pregnant women ages 21 and older and appropriate documentation must include a narrative indicating the member is pregnant with the estimated date of delivery. **This information must be noted in box 35 of ADA claim form.**

Q: How does the dental provider document the pregnancy?

A: The pregnancy documentation is simply a notation in the patient record that the woman is pregnant along with the projected due date.

Q: How long will the adult pregnant member group be covered for dental benefits?

A: Benefits for pregnant women who are 21 years of age and older will be discontinued at the end of the month following the 60th day postpartum. Adults, 21 years of age and older, may, depending on eligibility, continue to receive currently approved dental benefits such as medically necessary oral surgery and associated diagnostic services (X-rays and surgical extractions).

Q: What happens if the pregnancy ends early?

A: All benefits, including dental benefits, for pregnant women will be discontinued at the end of the month following the 60th day postpartum.